

Parent/Guardian Release of Information Form
to be used with the
2010 Missouri Deafblind Census Reporting Form

The Missouri Deafblind Census includes information on the number of individuals (ages birth through 21 years of age) with deafblindness along with the types of services these individuals and their families receive. This information is necessary in order to determine the needs of infants, children, and youth identified with deafblindness within a given area.

The United States Office of Special Education Programs is able to provide funding to the Missouri Deafblind Project based on the identified needs and number of infants, children, and youth identified with deafblindness in Missouri. Future planning for services to these individuals with deafblindness is based on information collected about the current population. Therefore, it is important that all individuals with deafblindness are included in this Census to assure planning for their future.

I, (please print your name) _____,
parent/guardian of (please print your child's name) _____,
hereby give permission for my child's name and pertinent data to be kept on the Missouri Deafblind Census. I understand that this data will be used for planning programs for all deafblind infants, children, and youth in Missouri.

(Your signature and date)

Your address:

(Street address or PO Box)

(City)

(State)

(ZIP Code)

Please return this form, by _____, _____, to:

**Susan Bonner, Coordinator
Missouri Deafblind Project
Missouri School for the Blind
3815 Magnolia Avenue
St Louis, MO 63110-4099**

If you have any questions, please call Susan Bonner at (314) 776-4320 x 3255 or Marge Winston, Outreach Secretary, at (314) 776-4320 x 3251.

Helen Keller National Center
maintains a register of
individuals with deafblindness.
Check one box.

- ☐ I want my child to be
maintained on this register.
☐ I do not want my child to be
maintained on this register.